



State of New Jersey  
DEPARTMENT OF HEALTH  
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[www.nj.gov/health](http://www.nj.gov/health)

PHILIP D. MURPHY  
Governor

SHEILA Y. OLIVER  
Lt. Governor

JUDITH M. PERSICILLI, RN, BSN, MA  
Commissioner

August 18, 2020

**Via Electronic and First-Class Mail**

Mr. Thomas Shanahan  
Chief Hospital Executive  
Raritan Bay Medical Center – Perth Amboy Division  
530 New Brunswick Avenue  
Perth Amboy, New Jersey 08861

Re: Raritan Bay Medical Center – Perth  
Amboy Division  
530 New Brunswick Avenue  
Perth Amboy, New Jersey 08861  
CN ER 2019-9147-12  
Total Project Cost: \$6,219,563.00  
Expiration Date: November 30, 2021

Dear Mr. Shanahan:

The New Jersey Department of Health (Department) is approving Raritan Bay Medical Center – Perth Amboy Division's application dated on August 30, 2019 for the implementation of one new adult acute voluntary bed and two new acute involuntary beds pursuant to N.J.A.C. 8:33-5.1(a)6, for an extension of time for CN FR 17 0519-12-01. The Certificate of Need (CN) was originally approved on November 17, 2017. This extension of time is approved pursuant to N.J.A.C. 8:33-3.10.

Raritan Bay Medical Center – Perth Amboy Division states that the project was delayed due to the need to complete the strategic planning process to coordinate services with Hackensack Meridian and HMH Carrier Clinic. This CN is being approved at the total project cost of \$6,219,563.00 as noted in the original application. **This CN is now extended until November 30, 2021.** However, if after this period the applicant requires an additional extension, a new Expedited Review (ER) CN application will be required to be submitted.

Please be advised that this approval is limited to the proposal as presented and reviewed. An additional review by the Department may be necessary if there is any change in scope as defined in N.J.A.C. 8:33-3.9. However, in accordance with N.J.A.C. 8:33-3.9(a) 1-3, a change of cost of an approval certificate of need is exempt from certificate of need review but subject to the following:

1. The applicant shall file a signed certification as to the final total project cost expended for the project at the time of the application for licensure for the beds/services with the Certificate of Need and Healthcare Facility Licensure Program.
2. Where the actual cost project cost exceeds the certificate of need approved total project cost and is greater than \$1,000,000, the applicant shall remit the additional certificate of need application fee due the Certificate of Need and Healthcare Facility Licensure Program. The required additional fee shall be 0.25 percent of the total project cost in excess of the certificate of need approved total project cost
3. The Department shall not issue a license for the beds/services until the additional fee is remitted in full.

This approval is not intended to preempt in any way any municipality's authority to regulate land use within its borders and shall not be used by the applicant to represent that the Department has made any findings or determination relative to the use of any specific property. Please be advised that services may not commence until such time as a license has been issued by the Certificate of Need and Healthcare Facility Licensure Program.

Any approval granted by this Department relates to certificate of need and/or licensing only and does not imply acceptance by a reimbursing entity. Issues involving reimbursement are solely between the facility and third-party payer. The Department is neither a party to such matters nor an arbiter of disputes between parties.

The Department's decision to approve this application is based solely on the facts and information presented in the application. The Department offers no opinion as to whether the proposed ownership or business organization is in compliance with the Codey Act, the Board of Medical Examiners' administrative rules, the federal anti-referral (Stark) laws and the federal anti-kickback laws. The Department has not undertaken an independent investigation of such information. The Department, in approving this application, has relied solely on the facts and information presented in the submitted materials. If material facts have not been disclosed or have been misrepresented, the Department may take administrative regulatory action to rescind the approval or refer the matter to the Office of the Attorney General.

The Department looks forward to working with Raritan Bay Medical Center – Perth Amboy Division to provide the highest quality of care to the community and patients. If there are any questions concerning this letter, please do not hesitate to contact Felicia Harris, Chief, Division of Certificate of Need and Licensing at [Felicia.Harris@doh.nj.gov](mailto:Felicia.Harris@doh.nj.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read 'MO' followed by a flourish.

Marcela Ospina Maziarz, MPA  
Deputy Commissioner  
Health Systems

cc: Jean M. DeVitto, DOH (Electronic Mail)  
Felicia Harris, DOH (Electronic Mail)  
Antonella Ventura, DOH (Electronic Mail)  
Susan Jackson, DOH (Electronic Mail)  
Donna Getcliffe, Manager, Strategic Initiatives, Hackensack Meridian (Electronic Mail)